

Verified

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

1983

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 86

PLACE OF DEATH
AND
RESIDENCE
0366

1. PLACE OF DEATH A. COUNTY Cochise		B. LENGTH OF STAY IN THIS TOWN 33yrs IN ARIZONA 33yrs		2. USUAL RESIDENCE A. STATE Arizona		REGISTRAR'S NO. 86	
C. CITY OR TOWN Douglas		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Douglas		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION Cochise County Hospital				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 442-4th St.		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

CEDENT 3
PERSONAL DATA 179
8
360

3. NAME OF DECEASED (TYPE OR PRINT) Carmen Pacheco de Abril			4. SEX Fe	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed
6B. NAME OF SPOUSE			7. DATE OF BIRTH MONTH 11 DAY ? YEAR 80	8. AGE (IN YEARS LAST BIRTHDAY) 79	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) housewife
9B. KIND OF BUSINESS OR INDUSTRY home	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico	11. CITIZEN OF WHAT COUNTRY? Mexico	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no		13. SOCIAL SECURITY NO. none
14A. FATHER'S NAME Gabriel Pacheco		14B. BIRTHPLACE (STATE OR COUNTRY) Mexico	15A. MOTHER'S MAIDEN NAME Altagracia Acedo		15B. BIRTHPLACE (STATE OR COUNTRY) Mexico
16. INFORMANT'S SIGNATURE County Hospital records Douglas, Ariz.			17. DATE OF DEATH (MONTH) March (DAY) 27 (YEAR) 60		

332 X
CAUSE
OF
DEATH
TEM 18)

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Central Nervous System DUE TO (B) Arteriosclerosis DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH 2 days
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RATIONS
JTOPSY

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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MEDICAL
IFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 3/9 60 TO 3/27 60 THAT I LAST SAW THE DECEASED ALIVE ON 3/26 60 AND THAT DEATH OCCURRED AT 3:15 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
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DEATH
DUE TO
EXTERNAL
VIOLENCE

22A. SIGNATURE Paul L. Hoff	22B. ADDRESS Douglas, Ariz.	22C. DATE SIGNED 3/29/60
23A. ACCIDENT, SUICIDE, HOMICIDE, NATURAL CAUSE (SPECIFY)	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE, ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?

CORONER'S
IFICATION

24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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GENERAL
DIRECTOR
AND
REGISTRAR

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 3-29-60	25C. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Douglas, Arizona
26A. DATE REC. Mar 30/60	26B. REGISTRAR'S SIGNATURE E. W. Adamson	27A. FUNERAL DIRECTOR'S SIGNATURE Saulon Brown	27B. ADDRESS Douglas, Ariz.
28A. EMBALMER'S SIGNATURE Saulon Brown		28B. EMBALMER'S CERT. NO. 238	